## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)	PAGE 1 OF 3 FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼			
VOTE 2 REDUCE DEBT (V2RD)				
	C C00563064			
Check if $\times$ 24-hour report 48-hour report New report Amends report filed on				
Full Name of Payee	Date of Public Distribution/Dissemination			
PERSON TO PERSON PAC	10 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Mailing Address PO BOX 49336	Amount			
City State Zip Code	14444.66			
COLORADO SPRINGS CO 80494	Transaction ID : SE.5402 Date of Disbursement or Obligation			
Purpose of Expenditure National Field Operations Services and Staff  Category/ Type	08 / 21 / 2014			
Name of Federal Candidate Support Office	ce Sought: House District:			
JONI K ERNST Oppose	President Senate State: IA			
Calendar Year-To-Date Per Election for Office Sought  Dist 201-	bursement For:			
Full Name of Payee PERSON TO PERSON PAC	Date of Public Distribution/Dissemination			
	10 16 2014			
Mailing Address PO BOX 49336	Amount			
City State Zip Code	14444.66			
COLORADO SPRINGS CO 80494	Transaction ID : SE.5403  Date of Disbursement or Obligation			
Purpose of Expenditure National Field Operations Services and Staff  Category/ Type	08 / 21 / 2014			
	ce Sought: House District:			
BRUCE L BRALEY Oppose	President Senate State: IA			
Calendar Year-To-Date Per Election for Office Sought  Disl 201	bursement For:			
(a) SUBTOTAL of Itemized Independent Expenditures	28889.32			
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Mr. KENNETH W. DAVIS JR.  [Electronically Filed] Date	10 16 2014			
Signature				

## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

· · · · · · · · · · · · · · · · · · ·	FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼		
VOTE 2 REDUCE DEBT (V2RD)	C C00563064		
Check if 24-hour report 48-hour report New report Amends report filed	on Mam / Dad / Yayayay		
Full Name of Payee	Date of Public Distribution/Dissemination		
Red State Productions	10 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Mailing Address 1629 K St NW	Amount		
Ste 300	Amount		
City State Zip Code	14285.72		
Washington DC 20006	Transaction ID : SE.5405 Date of Disbursement or Obligation		
Purpose of Expenditure Voter Rally  Category/ Type	09 10 / 2014		
Name of Federal Candidate Support Office	e Sought: House District:		
JONI K ERNST Oppose	President Senate State: IA		
Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	orsement For: Primary		
Full Name of Payee	Date of Public Distribution/Dissemination		
Red State Productions	10 23 2014		
Mailing Address 1629 K St NW			
Ste 300	Amount		
City State Zip Code	14285.72		
Washington DC 20006	Transaction ID : SE.5406  Date of Disbursement or Obligation		
Purpose of Expenditure Voter Rally Category/	M M / D D / Y Y Y Y		
Type	10 06 2014		
Name of Federal Candidate Support Office	e Sought: House District:		
BRUCE L BRALEY Oppose	President Senate State: IA		
Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	ursement For: Primary		
(a) SUBTOTAL of Itemized Independent Expenditures	28571.44		
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.			
	0 16 2014		
Signature			

PAGE

OF

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## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	I EXI END	ITOTILO		PAGE 3 OF 3 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
VOTE 2 REDUCE DEBT (V2RD)				C C00563064
Check if 24-hour report 48-hour report	New rep	ort Amends repo		N = M / D = D / Y = Y = Y = Y
Full Name of Payee Strategic Media 21				of Public Distribution/Dissemination
Mailing Address 560 S. Winchester Blvd			─ <u> </u>	10 16 2014
Ste 500			Amou	ınt
City	State	Zip Code		9107.00
San Jose	CA	95128		saction ID : SE.5407 of Disbursement or Obligation
Purpose of Expenditure Advertising Services and Production		Category/ Type		M = M / D = D / Y = Y = Y
Name of Federal Candidate		X Support	Office Sough	nt: House District:
JONI K ERNST		Oppose	Presid	ent Senate State: IA
Calendar Year-To-Date Per Election for Office Sought	, , ,	15357.00	Disbursemer 2014	nt For:
Full Name of Payee			Date	of Public Distribution/Dissemination
Strategic Media 21			[	10 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 560 S. Winchester Blvd			Amou	unt
Ste 500				
City	State	Zip Code		6250.00 action ID : SE.5408
San Jose	CA	95128		of Disbursement or Obligation
Purpose of Expenditure Advertising Services and Production		Category/ Type		M M / D D / Y Y Y Y
Name of Federal Candidate		Support	Office Sough	ht: House District:
BRUCE L BRALEY		X Oppose	Presid	
Calendar Year-To-Date Per Election for Office Sought	7	6250.00	Disbursemer 2014	nt For:
(a) SUBTOTAL of Itemized Independent Expenditure	·s			15357.00
(b) OUDTOTAL of Helbers' and hadron adout Francisch				
(b) SUBTOTAL of Unitemized Independent Expendit	ures		• •	7 7 7
(c) TOTAL Independent Expenditures			•	72817.76
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Mr. KENNETH W. DAVIS JR. Signature	[Electron	ically Filed] Date	10	16 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y